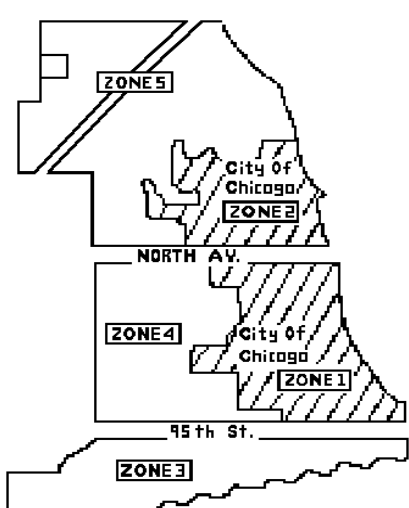


ILLINOIS DEPARTMENT OF
CENTRAL MANAGEMENT SERVICES

Complete this application in detail. Omissions, variances or misstatements of material facts may cause forfeiture of rights to promotion in the service of the State of Illinois. Applications without necessary information will be returned **PLEASE TYPE OR PRINT IN BLACK INK.**

A separate application is required for each position. Staple all attachments to reverse side of this application. The Bureau of Personnel cannot assume responsibility for unattached documents. Mail completed application to: CMS Bureau of Personnel, Examining and Counseling Division, William G. Stratton Building, Room 500, Springfield, Illinois 62706.

PROMOTIONAL EMPLOYMENT APPLICATION (I)

PRINT COMPLETE TITLE OF POSITION APPLIED FOR:		OPTION	LEAVE BLANK – (POS. CODE)																		
NOTE: Individuals may NOT be promoted into Trainee titles.		OFFICE USE ONLY – Exam Date at Test Center <div style="display: flex; justify-content: space-around; margin-top: 10px;">________________</div> <div style="display: flex; justify-content: space-around; margin-top: 5px;">MONTHDAYYEARCENTER</div>																			
_____ SOCIAL SECURITY NUMBER		_____ BIRTH DATE (Optional) <div style="display: flex; justify-content: space-around; margin-top: 5px;">____________</div> <div style="display: flex; justify-content: space-around; margin-top: 5px;">MONTHDAYYEAR</div>																			
_____ LAST NAME		_____ FIRST NAME																			
_____ STREET ADDRESS		_____ COUNTY																			
_____ CITY		_____ STATE																			
_____ ZIP CODE		_____ AREA CODE																			
_____ TELEPHONE NUMBER		_____ TELEPHONE NUMBER																			
<p>Only State employees currently employed under the jurisdiction of the Illinois Personnel Code may apply. Indicate your current status by marking only one of the boxes shown below.</p> <p>Applications for promotional examinations will be accepted only from eligible State employees who are currently:</p> <div style="display: flex; justify-content: space-between;"><div><p>1. Certified, or who have held certified status during their current period of continuous service,</p><p>or</p><p>2. In Trainee status who received appointments in accordance with open competitive standards.</p></div><div style="text-align: right;"><div style="display: flex; justify-content: space-around;"><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div></div><div style="display: flex; justify-content: space-around;"><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div></div></div></div> <p>Appointments from competitive promotional eligible lists may be made only for employees who are in a lesser title at time of promotion.</p>																					
CURRENT PAYROLL TITLE & OPTION (IF APPLICABLE):		CURRENTLY EMPLOYED IN:																			
MAILING ADDRESS OF WORK SITE:		AGENCY																			
		DIVISION (OR INSTITUTION)																			
		COUNTY WHERE EMPLOYED:																			
IF EMPLOYED IN COOK COUNTY, ALSO LIST ZONE, (SEE MAP BELOW.)		(LEAVE BLANK)																			
		(AGENCY)																			
(DIVISION)		(DIVISION)																			
		(COUNTY)																			
<div style="display: flex;"><div style="flex: 1; padding-right: 10px;"><p>The State of Illinois is an Equal Opportunity Employer. To assist in the accomplishment of Affirmative Action goals, we invite you to complete the following information. Completion of this part is not required. Circle the ONE letter and, if applicable, the appropriate number(s).</p><table border="0" style="width: 100%;"><thead><tr><th style="text-align: left;">FEMALE</th><th style="text-align: left;">MALE</th><th></th></tr></thead><tbody><tr><td>A</td><td>G</td><td>White, not of Hispanic Origin. A person having origins in any of the original people of Europe, North Africa or the Middle East.</td></tr><tr><td>B</td><td>H</td><td>Black, not of Hispanic Origin. A person having origins in any of the black racial groups of Africa.</td></tr><tr><td>C</td><td>J</td><td>Native American. A person having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community.</td></tr><tr><td>D</td><td>K</td><td>Asian American. A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.</td></tr><tr><td>E</td><td>L</td><td>Hispanic. A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Culture or origin, regardless of race.</td></tr></tbody></table><div style="display: flex; justify-content: space-between; margin-top: 10px;"><div><p>1. blindness / visual impairment</p><p>2. deafness / hearing impairment</p><p>3. orthopedic impairment</p><p>4. cardiovascular disorder</p><p>5. mental disorder</p></div><div><p>6. nervous system disorder</p><p>7. respiratory related impairment</p><p>8. loss of limbs</p><p>9. other (specify) _____</p></div></div></div><div style="flex: 1; padding-left: 10px;"><div style="text-align: right; font-weight: bold; margin-bottom: 10px;">COOK COUNTY ZONE MAP</div><div style="margin-top: 10px;"><p>For certain positions it is a job requirement that employees be able to communicate with individuals who are not fluent in English. If you do not know a language other than English, DO NOT COMPLETE the following section.</p><p>I certify that I am able to speak, write and understand the following language(s): _____</p></div></div></div>				FEMALE	MALE		A	G	White , not of Hispanic Origin. A person having origins in any of the original people of Europe, North Africa or the Middle East.	B	H	Black , not of Hispanic Origin. A person having origins in any of the black racial groups of Africa.	C	J	Native American . A person having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community.	D	K	Asian American . A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.	E	L	Hispanic . A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Culture or origin, regardless of race.
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E	L	Hispanic . A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Culture or origin, regardless of race.																			
DO NOT WRITE IN FOLLOWING BOXES — FOR BUREAU OF PERSONNEL USE ONLY		Qual Unqual																			
Wri Typ Dict Final Grade		Signed: _____																			
		Date: _____																			

EDUCATION AND EXPERIENCE REPORT: Previous applications will not be considered. Do not submit resumes. List information accurately and completely so we may properly evaluate your application. **INCLUDE ALL TITLE CHANGES (WITH DATES) and pertinent military experience.**

CIRCLE NO. _____ HIGH SCHOOL				OR				GED				CIRCLE NO. _____ COLLEGE – UNIVERSITY					
YEARS COMPLETED 0 1 2 3 4 GRADUATED? <input type="checkbox"/> YES <input type="checkbox"/> NO				RECEIVED GED CERTIFICATE <input type="checkbox"/> YES <input type="checkbox"/> NO				YEARS COMPLETED 0 1 2 3 4 5 6 7 8 GRADUATED? <input type="checkbox"/> YES <input type="checkbox"/> NO									
BUSINESS, TRADE OR CORRESPONDENCE SCHOOL NAME AND LOCATION				FROM		TO		TIME		SUBJECTS				LENGTH OF COURSE		COMPLETED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
				MO.	YR.	MO.	YR.	FULL	PART								
IL DRIVERS LICENSE CDL: A B		ENDORSEMENT X N		RESTRICTION		CLASS RATINGS – (CIRCLE BELOW) NON CDL: A B C D L M				LICENSE NUMBER				DATE ISSUED MO. YR.		CURRENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
TECHNICAL / PROFESSIONAL LICENSE				NUMBER				STATE IN WHICH ISSUED				DATE ISSUED MO. YR.		CURRENT? <input type="checkbox"/> YES <input type="checkbox"/> NO			
TYPE OF INTERNSHIP				FACILITY NAME – CITY AND STATE								DATE – FROM MO. YR.		TO MO. YR.			
NAMES OF COLLEGES OR UNIVS. ATTENDED UNDERGRADUATE: (NAME/CITY/STATE)				TOTAL NO. OF HOURS EARNED				NAME OF MAJOR	NAME OF MINOR	DATES ATTENDED		LEVEL OF DEGREE EARNED		DATE DEGREE AWARDED			
				SEM. HRS. (OR) QRT. HRS. (OR) UNITS						FROM	TO						
									MO.	YR.	MO.	YR.			MO.		YR.
										/	/					/	
										/	/					/	
GRADUATE: (NAME/CITY/STATE)										/	/					/	
										/	/					/	

List and describe your work experience separately by title. Begin with your present position and work backwards, listing both State and non-State experience. **VOLUNTEER EXPERIENCE:** Related volunteer experience for which no salary was received will be given the same credit as equivalent paid experience. List the actual number of hours worked per week or month, and describe fully the duties performed so appropriate credit can be given.

LIST EACH CHANGE IN PAYROLL TITLE AND THE APPROPRIATE DATES OF EMPLOYMENT FOR EACH TITLE.

CURRENTLY EMPLOYED BY: _____	DATES OF EMPLOYMENT: FROM _____ TO _____ MO. YR. MO. YR.
ADDRESS: _____	TOTAL: YEARS _____ MONTHS _____
PAYROLL TITLE: _____	HOURS WORKED PER WEEK _____
LIST AND DESCRIBE YOUR DUTIES AND RESPONSIBILITIES: _____ _____ _____	MONTHLY SALARY: STARTING _____ ENDING _____
REASON FOR LEAVING: _____	
Level _____ Amount _____	

EMPLOYED BY: _____	DATES OF EMPLOYMENT: FROM _____ TO _____ MO. YR. MO. YR.
ADDRESS: _____	TOTAL: YEARS _____ MONTHS _____
PAYROLL TITLE: _____	HOURS WORKED PER WEEK _____
LIST AND DESCRIBE YOUR DUTIES AND RESPONSIBILITIES: _____ _____ _____	MONTHLY SALARY: STARTING _____ ENDING _____
REASON FOR LEAVING: _____	
Level _____ Amount _____	

EMPLOYED BY: _____	DATES OF EMPLOYMENT: FROM _____ TO _____ MO. YR. MO. YR.
ADDRESS: _____	TOTAL: YEARS _____ MONTHS _____
PAYROLL TITLE: _____	HOURS WORKED PER WEEK _____
LIST AND DESCRIBE YOUR DUTIES AND RESPONSIBILITIES: _____ _____ _____	MONTHLY SALARY: STARTING _____ ENDING _____
REASON FOR LEAVING: _____	
Level _____ Amount _____	

IF ADDITIONAL SPACE IS NEEDED, ATTACH A SEPARATE SHEET, FOLLOWING THE FORMAT ON THIS PAGE.

OFFICE USE ONLY	
Ed _____	Rej. Qual. _____
A _____	
B _____	By _____
C _____	Date _____
Total: _____	Grade: _____

I understand I may be required to submit proof of previous employment, education, or any other statements in this application. I authorize release of this and other information covering job related factors for purposes of verification. I certify that the information on this application is true and correct to the best of my knowledge, and misrepresentation of any material fact may be grounds for ineligibility or termination of employment.

WRITTEN SIGNATURE DATE